Outpatient Mental Health Social Worker

Referrals Can Be Made By Anyone

Patients can
access the Social
Worker at the
Ambulatory Care
Clinics in both
Wingham and
Listowel

Complete the referral form and fax to: 519-291-1528

If you have questions please contact the social worker Shelby at 226-622-4855



Do You Know Someone Who...

- Is 13 yrs of age or older with a valid OHIP card?
- Has social determinants of health that are contributing to anxiety or depression?
- Needs help with income supports (ODSP; OW; EI; CPP-D)?
- Needs help with workplace forms, securing work or advocacy?
- Is having difficulty securing forms of identification (i.e. SIN card; birth certificate, OHIP card)?
- Needs help with health care and mental health system navigation?
- Wants to improve their social supports but unsure where to turn?
- Needs a referral to long term mental health supports but unsure which one(s)?
- Needs addiction supports/referrals?
- Is needing **brief** counselling support until long-term support is obtained?

If So, Refer Them Today!



Outpatient Mental Health Social Work Referral Form

	Client Information Date of Referral:		
	Name (please print):	LM/WD #:	
	Gender:Date of Birth (Y:M:D)		
		Version Code:	
		City:	
	Postal Code:Phone Number:		
	Okay to leave message? Y N		
Referrals Can Be	Email:		
	How would you prefer to be contained.	cted? Phone Email	
Made By Anyone	If referral is as a result of an ED visit, did the patient speak to		
	Crisis while in the ED? Y N		
Patients can access			
the Social Worker	What is your income source?		
at the Ambulatory	Previous Mental Health Diagnosis?		
Care Clinics in both	Are you involved with other service	Are you involved with other services (i.e. ODSP; CMHA)?	
Wingham and	Family Doctor:		
Listowel	Psychiatrist:		
	Referred by (name & phone number):		
Complete the	Name of Emergency Contact Person	n:	
roforral form and			
referral form and fax to:	Relationship:	Phone:	
519-291-1528	Reason for Referral:		
010 201 1020	☐ Housing	☐ Referral for Peer Support	
	☐ Income Support	☐ Assistance with Forms	
	☐ Addiction Support	☐ System navigation/advocacy	
f vou have questions	☐ Brief counselling support	☐ Post ED visit follow up	
f you have questions	□ Other	☐ Mental Health Referrals	
please contact the	Is there anything else that the socia	l worker should know that may help	
Social worker Shelby with this referral?			
at 226-622-4855			